

|    |                               |                           |                        |                           |                           |                           |                           |
|----|-------------------------------|---------------------------|------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
|    | <b>NAME:</b>                  |                           |                        | <b>S.S.#:</b>             |                           | <b>SPORT: Basketball</b>  |                           |
|    |                               |                           |                        |                           |                           |                           |                           |
|    |                               |                           |                        |                           |                           |                           |                           |
|    | <b><u>DATE</u></b>            | <b><u>LEAGUE/GAME</u></b> | <b><u>LOCATION</u></b> | <b><u>TOTAL GAMES</u></b> | <b><u>\$ PER GAME</u></b> | <b><u>SIGNATURE 1</u></b> | <b><u>SIGNATURE 2</u></b> |
| 1  |                               |                           |                        |                           |                           |                           |                           |
| 2  |                               |                           |                        |                           |                           |                           |                           |
| 3  |                               |                           |                        |                           |                           |                           |                           |
| 4  |                               |                           |                        |                           |                           |                           |                           |
| 5  |                               |                           |                        |                           |                           |                           |                           |
| 6  |                               |                           |                        |                           |                           |                           |                           |
| 7  |                               |                           |                        |                           |                           |                           |                           |
| 8  |                               |                           |                        |                           |                           |                           |                           |
| 9  |                               |                           |                        |                           |                           |                           |                           |
| 10 |                               |                           |                        |                           |                           |                           |                           |
| 11 |                               |                           |                        |                           |                           |                           |                           |
| 12 |                               |                           |                        |                           |                           |                           |                           |
| 13 |                               |                           |                        |                           |                           |                           |                           |
| 14 |                               |                           |                        |                           |                           |                           |                           |
| 15 |                               |                           |                        |                           |                           |                           |                           |
|    | <b>SIGNATURE OF EMPLOYEE:</b> |                           |                        |                           |                           |                           |                           |
|    |                               |                           |                        | <b>TOTAL GAMES:</b>       | <b>TOTAL:</b>             |                           |                           |